

Sep. 6. 2012 7:19PM

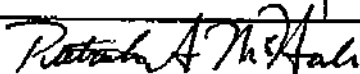
No. 0324PRIP. 3138/23/2012
FORM APPROVED

Division of Health Care Facilities

45th 9/30/12

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN1911	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/16/2012
NAME OF PROVIDER OR SUPPLIER DONELSON PLACE CARE & REHABILITATION.			STREET ADDRESS, CITY, STATE, ZIP CODE 2733 MCCAMPBELL AVENUE NASHVILLE, TN 37214		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
N 000	Initial Comments During annual Licensure survey conducted on August 13, 2012 through August 16, 2012, at Donelson Place Care and Rehabilitation Center, no deficiencies were cited under Chapter 1200-8-6, Standards for Nursing Homes.	N 000	<p>K 038</p> <p>1. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice;</p> <p>The fire door was repaired on August 16, 2012 by maintenance.</p> <p>2. How will you identify other residents having the potential to be affected by the same deficient and what corrective action will be taken;</p> <p>Residents using the North Exit door had the potential to be affected.</p> <p>3. What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur; and</p> <p>The maintenance department will audit the North exit door weekly times four and then monthly times three to ensure door is working correctly.</p>		9/14/12

Division of Health Care Facilities

 Administrator

TITLE

9/6/12

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6500

LTRR11

If continuation sheet 1 of 1

SEP. 6, 2012 7:19 PM
 DEPARTMENT OF HEALTH AND HUMAN SERVICES
 CENTERS FOR MEDICARE & MEDICAID SERVICES

No. 0324-RINP. 3238/27/2012
 FORM APPROVED
 OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445148	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 08/13/2012
NAME OF PROVIDER OR SUPPLIER DONELSON PLACE CARE & REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 2733 MCCAMPBELL AVENUE NASHVILLE, TN 37214		
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K 038 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 19.2.1</p> <p>This STANDARD is not met as evidenced by: Based on testing and observations, it was determined the facility failed to maintain the exit doors.</p> <p>The findings included:</p> <p>On 8/13/12 at 10:00 AM, testing of the North exit door revealed the door did not open within 15 seconds. However, the door did open when the fire alarm was activated and it was repaired prior to the end of survey on 8/13/12.</p> <p>This finding was acknowledged by the Administrator and verified by the Maintenance Director during the exit interview on 8/13/12.</p>	K 038	<p>4. How the corrective action(s) will be monitored to ensure the deficient practice will not recur; i.e., what quality assurance program will be put into place.</p> <p>The Maintenance Director or designee will report monthly times three to the PI committee the audit findings. The PI committee will review and discuss the audit findings and make any necessary revisions or recommendations.</p> <p>K 067</p> <p>1. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice;</p> <p>The exhaust fan in resident room 101 was repaired by maintenance on August 14, 2012.</p>	9/14/12	
K 067 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Heating, ventilating, and air conditioning comply with the provisions of section 9.2 and are installed in accordance with the manufacturer's specifications. 19.5.2.1, 9.2, NFPA 90A, 19.5.2.2</p> <p>This STANDARD is not met as evidenced by: Based on testing and observations, it was</p>	K 067	<p>2. How will you identify other residents having the potential to be affected by the same deficient and what corrective action will be taken;</p> <p>Exhaust fans in resident rooms will be audited to ensure they are in working order by Maintenance by September 12, 2012.</p> <p>3. What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur; and</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Robert S. McHale

Administrator

9/6/12

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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 CENTERS FOR MEDICARE & MEDICAID SERVICES

No. 0324 PRIN. P. 33 08/27/2012
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K 067	Continued From page 1 determined the facility failed to maintain the heating, ventilation and the air-conditioning system. The findings included: On 8/13/12 at 11:15 PM, testing of the exhaust fan within the resident room 101 revealed the unit was not working. This finding was acknowledged by the Administrator and verified by the Maintenance Director during the exit interview on 8/13/12.	K 067	Maintenance will audit exhaust fans in resident rooms weekly times four and then monthly times three to ensure they are working correctly. 4. How the corrective action(s) will be monitored to ensure the deficient practice will not recur; i.e., what quality assurance program will be put into place. The Maintenance Director or designee will report monthly times three to the PI committee the audit findings. The PI committee will review and discuss the audit findings and make any necessary revisions or recommendations.		9/14/12
K 147 SS=E	NFPA 101.LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2 This STANDARD is not met as evidenced by: Based on observations, it was determined the facility failed to maintain the electrical equipment The findings included: On 8/13/12 at 12:00 PM, observation within the attic space above the west hall nurses station revealed the electrical junction box connecting the mechanical equipment serving the area was without a cover plate. This finding was acknowledged by the Administrator and verified by the Maintenance Director during the exit interview on 8/13/12.	K 147	K 147 1. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice; The cover plate was replaced on the electrical junction box in the attic space above the west hall nurses' station by maintenance on August 13, 2012. 2. How will you identify other residents having the potential to be affected by the same deficient and what corrective action will be taken; Residents on west hall had the potential to be affected.		

Division of Health Care Facilities

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N 002	1200-8-6 No Deficiencies Based on observations, testing and records review it was determined the facility had no Life Safety Deficiencies.		N 002	<p>3. What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur; and</p> <p>Maintenance will audit junction box at west hall nurses' station to ensure cover plate is attached weekly times four and then monthly times three.</p> <p>4. How the corrective action(s) will be monitored to ensure the deficient practice will not recur; i.e., what quality assurance program will be put into place.</p> <p>The Maintenance Director or designee will report monthly times three to the PI committee the audit findings.</p> <p>The PI committee will review and discuss the audit findings and make any necessary revisions or recommendations. The PI committee will review and discuss the audit findings and make any necessary revisions or recommendations.</p>	9/14/12

Division of Health Care Facilities

Ratna D. Mahesh

Administrator

TITLE

9/6/12

(X6) DATE

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